

Contractor: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contract Number: \_\_\_\_\_  
 Contract Description: \_\_\_\_\_  
 Training Program: \_\_\_\_\_



Trainee Name: \_\_\_\_\_  
 Enrollment Date: \_\_\_\_\_  
 Starting Wage Rate: \$ \_\_\_\_\_  
 Percent Complete: \_\_\_\_\_ %  
 Current Wage Rate: \$ \_\_\_\_\_ (hourly)

## OJT MONTHLY PROGRESS REPORT

**REPORTING PERIOD:** BEGINNING: \_\_\_\_/\_\_\_\_/\_\_\_\_ ENDING \_\_\_\_/\_\_\_\_/\_\_\_\_

Training Phase	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Total Hours this Period	Total Hours to Date

Rating Scale: N = Needs Improvement, A = Acceptable, E = Excellent

### CURRENT STATUS:

☐ Progressing
 ☐ Disciplined (Provide Documentation)
 ☐ Dismissed
 ☐ Quit
 ☐ Laid Off
 ☐ Completed Program

Observations and/or comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_

RETAIN ORIGINAL AND MAIL COPY TO: Delaware Department of Transportation  
 Office of Civil Rights  
 800 Bay Road, Dover, Delaware 19901